...................................................................... Gdańsk, ..................................

(name)

......................................................................

(student ID number)

  **Deputy Director of FLC for Teaching and Student Affairs**

**Request for a language certificate verification**

I request an acknowledgement that the submitted certificate/diploma certifies the knowledge of a modern foreign language at a B2 level for the purposes of the proceedings for awarding a doctoral degree

1. type of certificate/diploma: .........................................................................................................................................................................
2. reached level/grade/number of points: .................................................................................................................................................
3. date of issue of the certificate/diploma: .................................................................................................................................................

.........................................................

*Doctoral student’s signature (legible)*

**Conclusion:**

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.........................................................

 *Date and signature*

Appendix: copy of the certificate/diploma.

1. ..............................................................................................